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PATENT
334-1038

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
JOSHUA J. CHESSER ET AL.

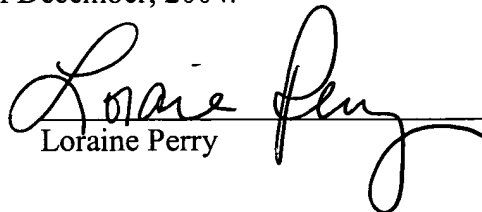
Serial No.: 10/735,215

Filed: December 11, 2003

TITLE: INTEGRATED SECURITY MECHANISM

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)
) Examiner: Gary W. Estremsky
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) Art Unit: 3676
)
)
)

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Loraine Perry

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

This amendment is in response to the Office Action mailed on September 21, 2004.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number

10/735,215

Filing Date

December 11, 2003

First Named Inventor

Joshua J. Chesser et al.

Art Unit

3676

Examiner Name

Gary Wayne Estremsky

Attorney Docket Number

334-1038

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Jenner & Block LLP, One IBM Plaza, Chicago, IL 60611		
Signature			
Printed name	Robert V. Jambor		
Date	December 8, 2004	Reg. No.	23,080

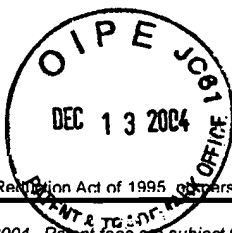
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Signature			
Typed or printed name	Loraine Perry	Date	December 8, 2004

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FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/735,215
Filing Date	December 11, 2003
First Named Inventor	Joshua J. Chesser et al.
Examiner Name	Gary Wayne Estremsky
Art Unit	3676
Attorney Docket No.	334-1038

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order

☒ Deposit Account ☐ None

Deposit Account Number: 10-0460
Deposit Account Name: Jenner & Block

The Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid(\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
Subtotal (1) \$ 0.00			

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims: 12 - 20 or HP = 0 x 9 = 0
HP = highest number of total claims paid for, if greater than 20

Indep. Claims: 2 - 3 or HP = 0 x 44 = 0
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims: Fee (\$), Fee Paid (\$)

Subtotal (2) \$ 0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid(\$)
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other:			

Subtotal (3) \$ 0.00

SUBMITTED BY

Signature: Robert V. Jambor	Registration No. (Attorney/Agent): 23,080	Telephone: (312) 923-2814
Name (Print/Type): Robert V. Jambor	Date: Dec. 8, 2004	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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